

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
FRESNO DIVISION

ESTATE OF DEREK VALENTINE, et al.,
Plaintiffs,
vs.
COUNTY OF MERCED, et al.,
Defendants.

Case No.

**DECLARATION OF ARACELI SANCHEZ
RE: CAL. CODE CIV. PROC. § 377.32**

I, Araceli Sanchez, do declare and say:

1. I submit the following declaration concerning my status as the successor-in-interest to Derek Valentine, pursuant to section § 377.32 of the California Code of Civil Procedure.

2. Derek Valentine was born on [REDACTED] 1991, in the County of Stanislaus, California.

3. No proceeding is now pending in California for administration of the estate of Derek Valentine.

4. I am the successor-in-interest to Derek Valentine (as defined in section 377.11 of the California Code of Civil Procedure) and succeed to his interest in this action or proceeding. I am the surviving spouse of Derek Valentine.

5. No other person has a superior right to commence this action or proceeding, or to be substituted for Derek Valentine in this pending action or proceeding.

6. A true and correct copy of the certified death certificate of Derek Valentine is attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on June 13, 2023, at Merced, California.


Araceli Sanchez

STATE OF CALIFORNIA

Case 1:23-cv-01697-ES/AB Document 1-1 Filed 12/08/23 Page 2 of 3

COUNTY of MERCED

HEALTH DEPARTMENT

MERCED, CALIFORNIA

3052023093277

CERTIFICATE OF DEATH

3202324000499

STATE FILE NUMBER		CERTIFICATE OF DEATH				LOCAL REGISTRATION NUMBER			
1 NAME OF DECEASED - FIRST (Given) DEREK		2 MIDDLE -		3 LAST (Family) VALENTINE					
AKA ALSO KNOWN AS - Include full AKA (FIRST MIDDLE LAST)		4 DATE OF BIRTH mm/dd/yyyy 1991		5 AGE Yrs 31		6 IF UNDER ONE YEAR Months Days		7 IF UNDER 24 HOURS Hours Minutes	
9 BIRTH STATE/FOREIGN COUNTRY CA		10 SOCIAL SECURITY NUMBER [REDACTED]		11 EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12 MARITAL STATUS/SHIP (at time of death) MARRIED		8 HOUR (24 Hours) 2226	
13 EDUCATION - Highest Level/Degree HS GRADUATE		14/15 WAS DECEASED HISPANIC/LATINO/A/SPANISH? (Yes, see worksheet on back) <input checked="" type="checkbox"/> YES MEXICAN		16 DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) HISPANIC, AFRICAN AMERICAN					
17 USUAL OCCUPATION - Type of work for most of life DO NOT USE RETIRED CEMENT MASON		18 KIND OF BUSINESS OR INDUSTRY #9 (grocery store, road construction, employment agency, etc.) MASONRY		19 YEARS IN OCCUPATION 6					
20 DECEASED'S RESIDENCE (Street and number or location) 861 E 23RD STREET									
21 CITY MERCED		22 COUNTY/PROVINCE MERCED		23 ZIP CODE 95340		24 YEARS IN COUNTY 14		25 STATE/FOREIGN COUNTRY CA	
26 INFORMANT'S NAME RELATIONSHIP ARACELI SANCHEZ, WIFE		27 INFORMANT'S MAILING ADDRESS (Street and number, or route route number city or town, state and zip)							
28 NAME OF SURVIVING SPOUSE/SRPDP-FIRST ARACELI		29 MIDDLE -		30 LAST (BIRTH NAME) SANCHEZ		34 BIRTH STATE CA			
31 NAME OF FATHER/PARENT-FIRST ALBERT		32 MIDDLE LEE		33 LAST VALENTINE					
35 NAME OF MOTHER/PARENT-FIRST RUTH		36 MIDDLE A.		37 LAST (BIRTH NAME) RAMIREZ		38 BIRTH STATE CA			
38 DISPOSITION DATE mm/dd/yyyy 04/28/2023		40 PLACE OF FINAL DISPOSITION RES ARACELI SANCHEZ		42 SIGNATURE OF EMBALMER ► NOT EMBALMED		43 LICENSE NUMBER			
41 TYPE OF DISPOSITION CREMATE/RESIDENCE		44 NAME OF FUNERAL ESTABLISHMENT WILSON FAMILY FUNERAL CHAPEL OF MERCED		45 LICENSE NUMBER FD1970		47 DATE mm/dd/yyyy 04/28/2023			
48 PLACE OF DEATH COUNTY CORRECTIONAL FACILITY		49 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) MERCED 2584 W SANDY MUSH ROAD		50 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ERCP <input type="checkbox"/> DGA <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing <input type="checkbox"/> Doctor's Office <input checked="" type="checkbox"/> Home/LIC <input type="checkbox"/> Other		51 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ERCP <input type="checkbox"/> DGA <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Home/LIC <input type="checkbox"/> Other			
52 CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) PENDING TOXICOLOGY TESTING		53 TIME INTERVAL BETWEEN ONSET AND DEATH (AT) 23-16116		54 DEATH REPORTED TO CORONER (BT) NO		55 AUTOPSY PERFORMED? (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
56 SEQUENTIALLY LIST CONDITIONS IF ANY LEADING TO DEATH (C) OTHER (D) UNDERLYING CAUSE (disease or condition that initiated the events resulting in death) LAST		57 DEATH REPORTED TO CORONER (AT) 23-16116		58 DEATH REPORTED TO CORONER (BT) NO		59 USED IN DETERMINING CAUSE? (DT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
60 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 --									
61 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date NO		62 DECEASED PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		63 DECEASED PRESENT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
64 CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since Decedent Last Seen Alive (A) mm/dd/yyyy (B) mm/dd/yyyy		65 SIGNATURE AND TITLE OF CERTIFIER ►		66 LICENSE NUMBER		67 DATE mm/dd/yyyy			
68 MANNER OF DEATH <input type="checkbox"/> Nature <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		69 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		70 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		71 INJURY DATE mm/dd/yyyy			
72 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		73 DATE mm/dd/yyyy		74 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		75 HOUR (24 Hours)			
76 SIGNATURE OF CORONER / DEPUTY CORONER JOHN D ARGUELLES		77 DATE mm/dd/yyyy 04/26/2023		78 FAX AUTH #		79 CENSUS TRACT			
STATE REGISTRAR	A	B	C	D	E				

* 9 9 9 2 7 0 5 8 6 *

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF MERCED

SS DATE ISSUED 06/02/2023

This is a true and exact reproduction of the document officially registered and placed on file in the office of the MERCED COUNTY HEALTH DEPARTMENT.

Salvador Sandoval MD MPH

Dr. Salvador Sandoval MD, MPH
HEALTH OFFICER, MERCED COUNTY

This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.

PINCO Rev 12/20

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

Case 1:23-cv-01690-ESAB Document 1-1 Filed 12/08/23 Page 3 of 3

COUNTY of MERCED

HEALTH DEPARTMENT

MERCED, CALIFORNIA

PHYSICIAN/CORONER'S AMENDMENT

3052023093277

STATE FILE NUMBER

3202324000499

LOCAL REGISTRATION NUMBER

1.1

 BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A NAME—FIRST DEREK	1B MIDDLE	1C LAST VALENTINE	2 SEX M
	3 DATE OF EVENT—MM/DD/CCYY 04/20/2023	4 CITY OF EVENT MERCED	5 COUNTY OF EVENT MERCED	

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE	6 CERTIFICATE ITEM NUMBER 107A	7 INFORMATION AS IT APPEARS ON ORIGINAL RECORD PENDING TOXICOLOGY TESTING	8 INFORMATION AS IT SHOULD APPEAR ACUTE COMBINED FENTANYL, PAROXETINE AND HYDROXYZINE TOXICITY
		107AT	--
	112	--	ILLEGIT DRUG ABUSE, OBESITY
	119	PENDING INVESTIGATION	ACCIDENT
	120		N
	121		04/20/2023
	122		UNK
	123		OTHER COUNTY CORRECTIONAL FACILITY
	124		UNWITNESSED EVENT DECEASED INMATE FOUND UNRESPONSIVE
	125		2584 W SANDY MUSH ROAD, MERCED, CA 95341

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		
	9 SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER ► JOHN D ARGUELLES	10 DATE SIGNED—MM/DD/CCYY 05/22/2023	11 TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER JOHN D ARGUELLES, DEP CORONER
12 ADDRESS—STREET and NUMBER 455 EAST 13TH STREET	13 CITY MERCED	14 STATE CA	15 ZIP CODE 95340-6213
16 OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR ► CDPH-VR	17 DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 05/22/2023		

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 24Ae (REV 1/08)

11

* 9 9 9 2 7 0 5 8 7 *

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STATE OF CALIFORNIA
COUNTY OF MERCED

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